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#### Contributions of "Letters to the Editor"

The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day.

demia should be placed on a low cholesterol, low triglyceride diet, and other members of the family tested.

2. Parents who request information regarding diets could be advised that no harm would occur, and some benefits might accrue, from moderate dietary alterations such as the exclusion of excessive fried foods and those high in saturated fats. For children with a strong family history of diabetes or of early coronary heart disease, such a regimen should be urged. The avoidance of obesity and smoking should be recommended for all children.

There is no evidence for manipulation of the infant diet (low fat, etc.), but parents must be convinced that an overfed baby is not necessarily the healthiest, and above all that an "adequate" diet is essential.

SAUL J. ROBINSON, M.D.

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would have brought about return of blood chemical factors to normal, peritoneal dialysis was instituted because of the pronounced uremia. Return of normal function as measured by common laboratory chemical determinations followed definitive therapy. The patient showed no evidence of the polyuria frequently observed in such cases,<sup>4,5</sup> or of sodium and potassium wasting<sup>6</sup> or the more rarely reported nephritides following relief of the obstruction. We have no evidence that maintenance on peritoneal dialysis during the immediate post-obstructive period influenced development of these states.

Diagnostic x-ray evaluation was easily accomplished with a routine (50 ml contrast medium) intravenous pyelogram after the obstruction was relieved. This again demonstrated basically good renal function. If excellent recovery had not been achieved, the radiologic information—that is, kidney size, evidence of obstruction, and calyceal configuration—could have been obtained with high-dose (150 ml contrast medium) pyelograms with nephrotomograms; and had that procedure failed, the high-dose pyelogram would then have been repeated after dialysis. This has been shown to increase the frequency of visualization in these difficult cases.<sup>7,8</sup> If all these procedures failed, then and only then would a retrograde pyelogram with its higher incidence of morbidity be indicated.

Obstruction to urine flow has striking effects upon renal function, yet in most cases it need not result in death. This is true especially if the obstruction is low-grade or intermittent. Be-

cause it is a common and remediable condition,<sup>9,10</sup> it should be kept in mind as a possible etiologic factor in patients with symptoms of terminal uremia.

### Summary

Bilateral urinary tract obstruction of any cause can mimic terminal renal failure. A case is presented of a severe degree of renal dysfunction caused by prostatic obstruction to renal outflow. Renal function as measured by common laboratory means returned to normal after relief of the obstruction.

Obstructive nephropathy is more common than may be generally realized. It should be borne in mind in differential diagnosis of patients with symptoms of renal failure.

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12 years at no charge for the vaccine. Project funded vaccines are also available, upon the request of the physician in charge, to neighborhood health centers and other community-oriented health facilities.

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